

## FOR OFFICE USE ONLY



Application Reviewed by: \_\_\_\_\_

APPROVED: \_\_\_\_\_ REJECTED: \_\_\_\_\_

EXAM DATE: \_\_\_\_\_

EXAM SCORE(s): \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

DATE ASSIGNED: \_\_\_\_\_

**KENTUCKY DEPARTMENT FOR PUBLIC HEALTH  
REGISTERED SANITARIAN EXAMINING COMMITTEE  
APPLICATION FOR REGISTRATION  
*Per KRS Chapter 223:030 (1)***

### INSTRUCTIONS

- Complete this application and return with a \$30.00 check or money order payable to the KENTUCKY STATE TREASURER (*no cash*). The application fee is **NON-REFUNDABLE**.
- Submit completed application, application fee, and official university transcript to:  
**KENTUCKY DEPARTMENT FOR PUBLIC HEALTH  
REGISTERED SANITARIAN EXAMINING COMMITTEE  
275 EAST MAIN STREET, MAIL STOP: HS1E-B  
FRANKFORT, KENTUCKY 40621**
- This application will be valid for 12 months after which time reapplying may be necessary.
- **ALWAYS NOTIFY THE EXECUTIVE SECRETARY AS TO ANY CHANGE OF MAILING ADDRESS, EMPLOYER, EMAIL, AND/OR PHONE NUMBER**

### PERSONAL INFORMATION

Name: Last:	First:	MI:	Maiden:
Address:			
City:	County:	State:	Zip:
Home Phone: (____) ____ - ____		Cell Phone: (____) ____ - ____	
Email:		Other Email:	
Birth Date (MM/DD/YYYY):			

**Agent of the State:** Yes ☐ No ☐ (*Please check one*)

### EDUCATION

Name of College or University	Major Course of Study	From MM/DD/YYYY	To MM/DD/YYYY	Date of Graduation MM/DD/YYYY

NOTE: Original university transcript must be submitted with this application, copies are not acceptable.

## **EXPERIENCE**

Record only work in environmental health or associated fields beginning with most recent experience. Attach additional documentation if necessary.

<b>Employer</b>	<b>Position / Title</b>	<b>From</b> MM/DD/YYYY	<b>To</b> MM/DD/YYYY

## **PROFESSIONAL Licenses, Certificates, Registrations, Associations**

List all professional registrations, certificates, licenses, associations, memberships, and affiliations related to environmental health.

<b>Professional Licenses, Certificates, Registrations, and/or Associations</b>

## **REFERENCES**

Include three (3) professional references

<b>Name</b>	<b>Position / Title</b>	<b>Phone Number</b>	<b>Email</b>
		( ) -	
		( ) -	
		( ) -	

## **RECIPROCITY**    Yes ☐    No ☐    *(Please check one)*

If you hold a state REHS or RS credential, you may be eligible to receive Kentucky RS credential without re-examination (reciprocity). In order to be eligible for reciprocity you must:

1. Have a valid, current state registration; and
2. Have a Bachelor's degree with 24 semester hours in basic sciences; and
3. Have proof of passing the REHS/RS exam used by issuing state or NEHA at the time you tested.
- 4.

## **CERTIFICATION**

I certify the statements above, including any additional documentation provided in support of this application, are true and correct to the best of my knowledge. I understand any falsification of information in this application will be cause for rejection of the application, withdrawal of registration, and/or revocation of certification.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*